

<b>UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Byas, Floyd L</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Byas, Juanita L</b>			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>xxx-xx-5089</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>xxx-xx-6853</b>			
Street Address of Debtor (No. and Street, City, and State): <b>1730 Kayla Lane WAUKEGAN, IL</b>				Street Address of Joint Debtor (No. and Street, City, and State): <b>2425 N. SAMSON WAY, APT 1B WAUKEGAN, IL</b>			
ZIP CODE <b>60087</b>				ZIP CODE <b>60087</b>			
County of Residence or of the Principal Place of Business: <b>LAKE</b>				County of Residence or of the Principal Place of Business: <b>LAKE</b>			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIP CODE				ZIP CODE			
Location of Principal Assets of Business Debtor (if different from street address above):							
ZIP CODE							
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  <input type="checkbox"/> Corporation (includes LLC and LLP)  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13  <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

**Voluntary Petition**

(This page must be completed and filed in every case.)

Name of Debtor(s): **Floyd L Byas  
Juanita L Byas****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed:

**U.S.B.C. N.D. IL EASTERN CH 7**

Case Number:

**00-37158**

Date Filed:

**12/20/2000**

Location Where Filed:

**U.S.B.C. N.D. IL EASTERN DIV CH 13**

Case Number:

**05-26521**

Date Filed:

**7/11/2005****Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet.)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X** /s/ HAROLD M. SAALFELD  
**HAROLD M. SAALFELD**

02/08/2008

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s): **Floyd L Byas  
Juanita L Byas****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Floyd L Byas  
**Floyd L Byas****X** /s/ Juanita L Byas  
**Juanita L Byas**\_\_\_\_\_  
Telephone Number (If not represented by attorney)02/08/2008\_\_\_\_\_  
Date**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** \_\_\_\_\_  
(Signature of Foreign Representative)\_\_\_\_\_  
(Printed Name of Foreign Representative)\_\_\_\_\_  
Date**Signature of Attorney\*****X** /s/ HAROLD M. SAALFELD  
**HAROLD M. SAALFELD** Bar No. **6231257****Harold M. Saalfeld, Attorney at Law**  
**25 N. County Street, Suite 2R**  
**Waukegan, IL 60085-4342**Phone No. **(847) 249-7538** Fax No. **(847) 775-2709**02/08/2008\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual\_\_\_\_\_  
Printed Name of Authorized Individual\_\_\_\_\_  
Title of Authorized Individual\_\_\_\_\_  
Date\_\_\_\_\_  
Address**X** \_\_\_\_\_\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

B6A (Official Form 6A) (12/07)

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				

**Total:** **\$0.00**

(Report also on Summary of Schedules)

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		CASH ON HAND	J	\$20.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		CHECKING WITH LASALLE BANK, VERNON HILLS, IL	J	\$0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		SECURITY DEPOSIT WITH LANDLORD	J	\$1,185.00
4. Household goods and furnishings, including audio, video and computer equipment.		HOUSEHOLD GOODS & FURNISHINGS - 2 BEDROOMS, SOFA, LOVESEAT, CHAIR, TABLE, MISC ELECTRICAL APPLIANCES. FURNITURE OVER 7 YEARS OLD. DINING ROOM TABLE AND COFFEE TABLE 3 YEARS OLD	J	\$500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		NECESSARY WEARING APPAREL	J	\$400.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401K VALIC	J	Unknown
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		AMERICREDIT 2001 CHEVROLET CAVALIER L4, 33,000	J	\$6,250.00
		2003 CHEVROLET CAVALIER 2 D 30,000 MILES. FMV \$8350	J	\$8,350.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<p style="text-align: right;">Total &gt;</p>				<b>\$16,705.00</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

3

continuation sheets attached



In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)  
☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
CASH ON HAND	735 ILCS 5/12-1001(b)	\$20.00	\$20.00
CHECKING WITH LASALLE BANK, VERNON HILLS, IL	735 ILCS 5/12-1001(b)	\$0.00	\$0.00
SECURITY DEPOSIT WITH LANDLORD	735 ILCS 5/12-1001(b)	\$1,185.00	\$1,185.00
HOUSEHOLD GOODS & FURNISHINGS - 2 BEDROOMS, SOFA, LOVESEAT, CHAIR, TABLE, MISC ELECTRICAL APPLIANCES. FURNITURE OVER 7 YEARS OLD. DINING ROOM TABLE AND COFFEE TABLE 3 YEARS OLD	735 ILCS 5/12-1001(b)	\$500.00	\$500.00
NECESSARY WEARING APPAREL	735 ILCS 5/12-1001(a), (e)	\$400.00	\$400.00
401K VALIC	735 ILCS 5/12-704	Unknown	Unknown
AMERICREDIT 2001 CHEVROLET CAVALIER L4, 33,000	735 ILCS 5/12-1001(c)	\$0.00	\$6,250.00
2003 CHEVROLET CAVALIER 2 D 30,000 MILES. FMV \$8350	735 ILCS 5/12-1001(c)	\$0.00	\$8,350.00
		<b>\$2,105.00</b>	<b>\$16,705.00</b>

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: 411402563	J		DATE INCURRED: 04/04/2001 NATURE OF LIEN: Automobile COLLATERAL: AMERICREDIT 2001 CHEVROLET CAVALIER REMARKS: DELINQUENT				\$9,991.00	\$3,741.00
Americredit 801 Cherry St Ste 3900 Fort Worth, TX 76102			VALUE: \$6,250.00					
Representing: Americredit			AMERICREDIT P.O. BOX 78143 PHOENIX AZ 85062-8143					
Representing: Americredit			AMERICREDIT P.O. BOX 183853 ARLINGTON, TX 76096				Notice Only	Notice Only
ACCT #: 40000152902590001	J		DATE INCURRED: 08/29/2003 NATURE OF LIEN: Automobile COLLATERAL: 2003 CHEVROLET CAVALIER 2 D 30,000 MILES. F REMARKS: LOAN OPENED ON 9/29/03.				\$13,257.00	\$4,907.00
Triad Financial Corp 7711 Center Ave Ste 250 Huntington Beach, CA 92647			VALUE: \$8,350.00					
Subtotal (Total of this Page) >			\$23,248.00					
Total (Use only on last page) >		\$23,248.00	\$8,648.00					

No continuation sheets attached(Report also on  
Summary of  
Schedules.)(If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

B6E (Official Form 6E) (12/07)

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(If Known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units
------------------	--

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: 320-38-5089 ILLINOIS DEPARTMENT OF REVENUE 100 W. RANDOLPH BANKRUPTCY SECTION LEVEL 7-425 CHICAGO, IL 60601	J	DATE INCURRED: 2004 CONSIDERATION: <b>OVERPAYMENT</b> REMARKS:		\$140.82	\$140.82	\$0.00
Representing: ILLINOIS DEPARTMENT OF REVENUE		ILLINOIS DEPT OF REVENUE P.O. BOX 19043 SPRINGFIELD, IL 62794-9043		Notice Only	Notice Only	Notice Only
ACCT #: INTERNAL REVENUE SERVICE MAIL STOP 5010 CHI 230 S DEARBORN CHICAGO IL 60604	J	DATE INCURRED: 2004 CONSIDERATION: <b>Taxes</b> REMARKS:		\$1,904.99	\$1,904.99	\$0.00

Sheet no. 1 of 2 continuation sheets  
attached to Schedule of Creditors Holding Priority Claims**Subtotals (Totals of this page) >****\$2,045.81** **\$2,045.81** **\$0.00****Total >****(Use only on last page of the completed Schedule E.  
Report also on the Summary of Schedules.)****Totals >****(Use only on last page of the completed Schedule E.  
If applicable, report also on the Statistical Summary  
of Certain Liabilities and Related Data.)**

B6E (Official Form 6E) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>LAW OFFICE OF HAROLD M. SAALFELD</b> <b>25 N. COUNTY STREET, SUITE 2R</b> <b>WAUKEGAN, IL 60085-4342</b>	<b>J</b>	DATE INCURRED: <b>12/13/2005</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS:		<b>\$2,500.00</b>	<b>\$2,500.00</b>	<b>\$0.00</b>

Sheet no. <b>2</b> of <b>2</b> continuation sheets attached to Schedule of Creditors Holding Priority Claims	<b>Subtotals (Totals of this page) &gt;</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	<b>\$0.00</b>
<b>Total &gt;</b>	<b>\$4,545.81</b>			
<b>Totals &gt;</b>		<b>\$4,545.81</b>	<b>\$0.00</b>	

(Use only on last page of the completed Schedule E.  
Report also on the Summary of Schedules.)

(Use only on last page of the completed Schedule E.  
If applicable, report also on the Statistical Summary  
of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07)

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>#HM44834</b> <b>ALLIED INTERSTATE MCI</b> <b>P.O. BOX 361685</b> <b>COLUMBUS OH 43236</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for MCI</b> REMARKS:				<b>\$295.66</b>
ACCT #: <b>WDA44370965166</b> <b>AMERICAN MEDICAL COLLECTION AGENCY</b> <b>P.O. BOX 1235</b> <b>ELMSFORD NY 10523-0935</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for QUEST DIAGNOSTIC</b> REMARKS:				<b>\$27.00</b>
ACCT #: <b>AMERICASH LOANS</b> <b>924 N. GREENBAY RD</b> <b>WAUKEGAN IL 60085</b>	<b>H</b>	DATE INCURRED: <b>2004-5</b> CONSIDERATION: <b>PAYDAY LOAN</b> REMARKS:				<b>\$500.00</b>
ACCT #: <b>AMERICASH LOANS</b> <b>924 N. GREENBAY RD</b> <b>WAUKEGAN IL 60085</b>	<b>W</b>	DATE INCURRED: <b>2004-5</b> CONSIDERATION: <b>PAYDAY LOAN</b> REMARKS:				<b>\$400.00</b>
ACCT #: <b>847-244-3602-1457</b> <b>AT&amp;T</b> <b>P.O. BOX 8100</b> <b>AURORA, IL 60572-8100</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS:				<b>\$388.35</b>
ACCT #: <b>517805218447,</b> <b>Capital 1 Bk</b> <b>11013 W Broad St</b> <b>Glen Allen, VA 23060</b>	<b>J</b>	DATE INCURRED: <b>04/12/2002</b> CONSIDERATION: <b>Credit Card</b> REMARKS: <b>Closed by Grantor</b> <b>CHARGE OFF</b>				<b>\$1,445.00</b>
Subtotal >						<b>\$3,056.01</b>
Total >						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>Representing: Capital 1 Bk</b>		<b>MRS ASOCIATES 3 EXECUTIVE CAMPUS, SUITE 400 CHERRY HILL, NJ 08002-4103</b>				<b>Notice Only</b>
ACCT #: <b>Cardiothoracic &amp; Vascular Surgical Assoc P.O. box 66973 - slot 30249 Chicago, IL 60031</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$20.00</b>
ACCT #: <b>2264318001</b> <b>CERTIFIED SERVICES P.O. box177 WAUKEGAN IL 60087</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS:				<b>\$39.98</b>
ACCT #: <b>CHECK N GO OF ILLINOIS 1147 NORTH GREENBAY RD WAUKEGAN, IL 60085</b>	<b>J</b>	DATE INCURRED: <b>2004-5</b> CONSIDERATION: <b>PAYDAY LOAN</b> REMARKS:				<b>\$447.00</b>
ACCT #: <b>CITY OF WAUKEGAN P.O. BOX 457 WHEELING, IL 60090</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>AMBULANCE</b> REMARKS:				<b>\$39,197.00</b>
ACCT #: <b>213105201</b> <b>COLLECTION BUREAU OF AMERICA FOR COMCAST SITE 826 P.O. BOX 5013 HAYWARD CA 94540-5013</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS:				<b>\$289.48</b>

Sheet no. 1 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >** **\$39,993.46****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>50513900634</b> <b>Columbia House</b> <b>P.O. box 91601</b> <b>Indianapolis, IN 46291</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS:				<b>\$104.33</b>
ACCT #: <b>8798100191021937</b> <b>COMCAST</b> <b>P.O. BOX 3002</b> <b>SOUTHEATERN PA 19398-3002</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS: <b>Debtor billed after removal of cable boxes.</b>			<b>X</b>	<b>\$1,598.85</b>
<b>Representing:</b> <b>COMCAST</b>		<b>CREDIT PROTECTION ASS</b> <b>13355 NOEL RD</b> <b>DALLAS, TX 75240</b>				<b>Notice Only</b>
ACCT #: <b>2271054081</b> <b>COMED</b> <b>BILL PAYMENT CENTER</b> <b>P.O. BOX 0001</b> <b>CHICAGO, IL 60668</b>	<b>H</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS:				<b>\$900.00</b>
ACCT #: <b>01-010000-8798100191021937</b> <b>CREDIT PROTECTION ASS (COMCAST)</b> <b>13355 NOEL RD</b> <b>DALLAS, TX 75240</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS: <b>PAYMENT MADE. COLLECTION AGENT</b> <b>PURSUING NOTWITHSTANDING PAYMENT</b> <b>DIRECTLY TO COMCAST</b>			<b>X</b>	<b>\$0.00</b>
ACCT #: <b>67</b> <b>Credtrs Coll (originally excell emergenc</b> <b>Pob 63 151 N Schuyler Ave</b> <b>Kankakee, IL 60901</b>	<b>J</b>	DATE INCURRED: <b>04/2000</b> CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>COLLECTION</b>				<b>\$112.00</b>

Sheet no. 2 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$2,715.18**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>556-00000000-24450-BYAS</b> <b>DEPT OF VETERANS AFFAIRS</b> <b>P.O. BOX 530269</b> <b>ATLANTA, GA 30353-0269</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$1,277.99</b>
ACCT #: <b>7103</b> <b>Dr. David Cohn DDS</b> <b>101 S. Greenleaf Ste E</b> <b>Gurnee, IL 60031</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$381.00</b>
ACCT #: <b>Dr. Jeffrey Hicks, DP.M.</b> <b>15 Tower Court</b> <b>Gurnee, IL 60031</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$271.40</b>
ACCT #: <b>4778</b> <b>DR. STUART SCHWARTZ, D.D.S.</b> <b>611 S. MILWAUKEE AVE</b> <b>LIBERTYVILLE, IL 60048</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS: <b>SERVICES ARE COVERED BY INSURANCE.</b> <b>PROVIDER FAILS TO SUBMIT TO PROPER</b> <b>CARRIER.</b>			<b>X</b>	<b>\$187.00</b>
ACCT #: <b>7886205</b> <b>Encore Receivable Mana (original SBC)</b> <b>400 N Rogers Rd</b> <b>Olathe, KS 66062</b>	<b>J</b>	DATE INCURRED: <b>10/28/2004</b> CONSIDERATION: <b>Collection</b> REMARKS: <b>Closed</b> <b>COLLECTION</b>				<b>\$1,749.00</b>
ACCT #: <b>N496302</b> <b>ENH DEPT OF ANESTHESIA</b> <b>DEPT 77-9609</b> <b>CHICAGO, IL 60678-9609</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$11.90</b>

Sheet no. 3 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$3,878.29**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM
ACCT #: <b>NNA0024197AAB</b> <b>ENH LABORATORY SVCS</b> <b>P.O. BOX 77-9851</b> <b>CHICAGO, IL 60678-001</b>	<b>J</b>	DATE INCURRED: <b>2004</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$654.00</b>
ACCT #: <b>94-3916144</b> <b>ENH RADIOLOGY</b> <b>34618 EAGLE WAY</b> <b>CHICAGO, IL 60678-1346</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$241.00</b>
<b>Representing:</b> <b>ENH RADIOLOGY</b>		<b>ICS</b> <b>P.O. BOX 646</b> <b>OAK LAWN IL 60454-0646</b>				<b>Notice Only</b>
ACCT #: <b>011851540-5060EC</b> <b>EVANSTON NORTHWESTERN HOSPITAL</b> <b>23056 NETWORK PLACE</b> <b>CHICAGO IL 60673-1230</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$559.51</b>
<b>Representing:</b> <b>EVANSTON NORTHWESTERN HOSPITAL</b>		<b>PINNACLE MGMT SVC, INC</b> <b>514 MARKET LOOP, SUITE 103</b> <b>WEST DUNEE, IL 60118</b>				<b>Notice Only</b>
ACCT #: <b>49916</b> <b>EYE CARE CENTER OF LAKE CO</b> <b>SUIE 211</b> <b>22424 WASHINGTON ST</b> <b>WAUKEGNA, IL 60085-5074</b>	<b>J</b>	DATE INCURRED: <b>2004-5</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$481.60</b>

Sheet no. 4 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,936.11**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>G.T. LANDSCAPING</b> <b>3420 WINHAVEN DRIVE</b> <b>WAUKEGAN, IL 60087</b>	<b>J</b>	DATE INCURRED: <b>2004</b> CONSIDERATION: <b>DISPUTED BALANCE</b> REMARKS: <b>DEBTORS TERMINATED SERVICES. CREDITOR CONTINUED TO PERFORM SERVICES AFTER TERMINATION.</b>			<b>X</b>	<b>\$1,260.00</b>
ACCT #: <b>320385089 4</b> <b>ILLINOIS DEPT OF EMPLOYMENT SECURITY</b> <b>P.O. BOX 4385</b> <b>CHICAGO, IL 60680</b>	<b>J</b>	DATE INCURRED: <b>2004</b> CONSIDERATION: <b>UNEMPLOYMENT DEDUCTIONS</b> REMARKS:				<b>\$837.00</b>
ACCT #: <b>Ira J. Piel</b> <b>P.O. box 185</b> <b>Lake Bluff, IL 60044</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$12.60</b>
ACCT #: <b>KRAMER MEDICAL GROUP</b> <b>36100 N. BROOKSIDE DR.</b> <b>GURNEE, IL 60031</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$341.00</b>
ACCT #: <b>262-511419.1, 262-578429.1</b> <b>LAKE COUNTY RADIOLOGY ASSOC</b> <b>36104 TREASURY CENTER</b> <b>CHICAGO, IL 60694-6100</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$122.00</b>
ACCT #: <b>LAKE COUNTY COLLECTOR</b> <b>18 N. COUNTY ST</b> <b>WAUKEGAN IL 60085-4361</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS: <b>DEBTORS NO LONGER OWN THIS PROPERTY</b>				<b>\$0.00</b>

Sheet no. 5 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$2,572.60**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>LAKE FOREST HOSPITAL</b> <b>660 N. WESTMORELAND RD</b> <b>LAKE FOREST, IL 60045</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>38843215</b> REMARKS:				<b>\$464.21</b>
ACCT #: <b>4201</b> <b>LAKE HEART SPECIALISTS</b> <b>35 TOWER COURT, SUITE F</b> <b>GURNEE, IL 60031</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$30.00</b>
ACCT #: <b>LAKE SHORE GASTROENTEROLOGY</b> <b>20 TOWER CT, SUITE C</b> <b>GURNEE, IL 60031</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$24.10</b>
ACCT #: <b>1596151</b> <b>MIDWAY EMERGENCY PHYSICIANS</b> <b>5665 NEW NORTHSIDE DR, STE 320</b> <b>ATLANTA, GA 30328</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$386.00</b>
ACCT #: <b>12478274</b> <b>Nco-marlin (originally comed)</b> <b>Po Box 8529</b> <b>Philadelphia, PA 19101</b>	<b>J</b>	DATE INCURRED: <b>07/08/2003</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS: <b>COLLECTION</b>				<b>\$523.00</b>
ACCT #: <b>35.20</b> <b>NORTHEAST RADIOLOGY ASSOC</b> <b>P.O. BOX 3837</b> <b>SPRINGFIELD, IL 62708-3837</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$62,708.00</b>

Sheet no. 6 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$64,135.31**

Total >

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>085900000257225151</b> <b>PALISADES COLLECTION LLC</b> <b>P.O. BOX 1244</b> <b>ENGLEWOOD CLIFF, NJ 07632-0244</b>	<b>J</b>	DATE INCURRED: <b>2004-5</b> CONSIDERATION: <b>Collecting for - AT&amp;T WIRELESS</b> REMARKS:				<b>\$185.79</b>
ACCT #: <b>PAL1ATT4120314293</b> <b>Palisades Collections (AT&amp;T WIRELESS)</b> <b>210 Sylvan Ave</b> <b>Englewood, NJ 07632</b>	<b>J</b>	DATE INCURRED: <b>12/11/2004</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS: <b>COLLECTION</b>				<b>\$2,288.00</b>
ACCT #: <b>3 500-3799-8214</b> <b>PEOPLES ENERGY</b> <b>P.O. BOX 0</b> <b>CHICAGO IL 60690-3391</b>	<b>H</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS:				<b>\$800.00</b>
ACCT #: <b>745970-8000-200</b> <b>PINNACLE MGMT SVC, INC</b> <b>514 MARKET LOOP, SUITE 103</b> <b>WEST DUNEE, IL 60118</b>	<b>J</b>	DATE INCURRED: <b>2004-5</b> CONSIDERATION: <b>Collecting for ENH</b> REMARKS:				<b>\$118.60</b>
ACCT #: <b>1616670</b> <b>PROFESSIONAL ACCOUNT SERVICES</b> <b>P.O. BOX 188</b> <b>BRENTWOOD, TN 37024-0188</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for -Vista East</b> REMARKS: <b>Possible Duplicate Claim of Vista or Victory</b> <b>159651, 1548597-1866</b>				<b>\$433.71</b>
ACCT #: <b>4789375846, 4650605881</b> <b>QUEST DIAGNOSTIC LAB</b> <b>P.O. BOX 64804</b> <b>BALTIMORE, MD 21264-4804</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$50.00</b>

Sheet no. 7 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$3,876.10**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>QUICK CASH LOANS</b> <b>2850 BELVIDERE RD</b> <b>WAUKEGAN, IL 60085</b>	<b>H</b>	DATE INCURRED: <b>2004-5</b> CONSIDERATION: <b>PAYDAY LOAN</b> REMARKS:				<b>\$500.00</b>
ACCT #: <b>SKO BRENNER AMERICAN INC</b> <b>40 DANIEL ST</b> <b>FARMINGDALE, NY 11735</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for Vivek Arora</b> REMARKS:				<b>\$20.00</b>
ACCT #: <b>2739H-0010962232</b> <b>STEELE SURGICAL SUPPLY CO</b> <b>4250 LEE AVENUE</b> <b>GURNEE, IL 60031</b>	<b>J</b>	DATE INCURRED: <b>2005</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS: <b>DEBT IS NOT OWED BY JUANITA OR FLOYD.</b> <b>THIS IS A DEBT OF WALTER LEWIS. JUANITA</b> <b>MERELY PICKED UP WHEEL CHAIR ON BEHALF</b>				<b>\$0.00</b>
		<b>OF WALTER LEWIS.</b>				
ACCT #: <b>TCF BANK</b> <b>500 W. JOLIET RD</b> <b>WILLOWBROOK, IL 60527</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Nsf check</b> REMARKS:				<b>\$151.00</b>
ACCT #: <b>926094621490</b> <b>Tnb - Target</b> <b>Po Box 9745</b> <b>Minneapolis, MN 55440</b>	<b>J</b>	DATE INCURRED: <b>07/24/2002</b> CONSIDERATION: <b>Charge Account</b> REMARKS: <b>Closed by Grantor</b> <b>CHARGE OFF</b>				<b>\$398.00</b>

Sheet no. 8 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,069.00**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Tnb - Target		NORTHLAND GROUP P.O. BOX 39086 EDINA MN 55439				Notice Only
ACCT #: 305307307761956 TRS RECOVERY SVCS - CORPORATE 5251 WESTHEIMER HOUSTON, TX 77056	J	DATE INCURRED: CONSIDERATION: Collecting for - LaSalle Bank REMARKS:				\$740.40
ACCT #: 1625964 Urology Consultants LLC 900 N. Westmoreland Rd, Ste 125 Lake Forest, IL 60045	J	DATE INCURRED: CONSIDERATION: MEDICAL/DENTAL REMARKS:				\$20.00
ACCT #: 987893 VICTORY MEMORIAL HOSPITAL 1324 N. SHERIDAN WAUKEGAN, IL 60085	J	DATE INCURRED: 2004 CONSIDERATION: MEDICAL/DENTAL REMARKS:		X		\$295.84
Representing: VICTORY MEMORIAL HOSPITAL		IPC OF ILLINOIS P.O. BOX 92934 LOS ANGELES, CA 90009				Notice Only
Representing: VICTORY MEMORIAL HOSPITAL		Medest Neoped Assoc. LTD P.O. box 2686 Carol Stream, IL 60132				Notice Only

Sheet no. 9 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,056.24**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: <b>VICTORY MEMORIAL HOSPITAL</b>		<b>NEW ERA MEDICAL SERVICES LLC</b> <b>36765 TREASURY CENTER</b> <b>CHICAGO, IL 60694</b>				<b>Notice Only</b>
ACCT #: <b>273-987593</b> <b>VISTA IMAGING</b> <b>P.O. BOX 6980</b> <b>LIBERTYVILLE, IL 60048-6980</b>	<b>J</b>	DATE INCURRED: <b>2004</b> CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$379.00</b>
ACCT #: <b>WESTGATE FUNERAL HOME</b> <b>616 Washington St</b> <b>Waukegan, IL 60085</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>BALANCE ON ACCOUNT</b> REMARKS: <b>Funeral Walter Lewis</b>				<b>\$1,600.00</b>
Sheet no. <b>10</b> of <b>10</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$1,979.00</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt; \$126,267.30</b>



B6G (Official Form 6G) (12/07)

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Floyd L Byas**  
**Juanita L Byas**

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Document Page 27 of 27  
**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

IN RE: **Floyd L Byas**  
**Juanita L Byas**

CASE NO

CHAPTER 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$2,500.00</u>
Prior to the filing of this statement I have received:	<u>\$0.00</u>
Balance Due:	<u>\$2,500.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/08/2008

*Date*

/s/ HAROLD M. SAALFELD

HAROLD M. SAALFELD

Harold M. Saalfeld, Attorney at Law

25 N. County Street, Suite 2R

Waukegan, IL 60085-4342

Phone: (847) 249-7538 / Fax: (847) 775-2709

Bar No. 6231257

/s/ Floyd L Byas

**Floyd L Byas**

/s/ Juanita L Byas

**Juanita L Byas**